

SUPPORT STATEMENT	
<i>(To be completed by the individual or business/organization supporting the request for operating authority)</i>	
Applicant Name: Holiday Inn Express & Suites -Lakewood	Application Docket No.:

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
Our Hotel services all types of guests that are in need of transportation to and from SeaTac Airport. To have additional times that the transportation runs back and forth would be extremely beneficial to our guests. In addition to a lower fare for the ride than taking a taxi.
Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced.
The cost is prohibitive and the times of the transportation do not fit the needs of our guests. We need to have other options that are more convenient (more times/more runs)
If the request is denied, would it have any effect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain.
Yes, we do see that some of our guests will check out early and move to an airport hotel the day before they fly out because there isn't convenient service to get them from our hotel to SeaTac. Again to be able to offer this additional service to our guests will help us meet their needs.

VERIFICATION		
<i>(To be completed by the individual or business/organization supporting the request for operating authority)</i>		
Name and Title: <u>Teresa Simplot</u>		
Business/Organization: <u>Holiday Inn Express + Suites</u>		
Street/Mailing Address: <u>11751 Pacific Highway SW</u>		
City, State, Zip Code: <u>Lakewood WA 98499</u>		
Telephone Number: <u>253.582.7000</u>	Fax Number: <u>253.584.7001</u>	
<i>I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.</i>		
<u>Teresa Simplot</u> PRINT NAME	<u>Teresa Simplot</u> SIGNATURE	<u>11-15-18</u> DATE